

**California Department of Social Services
Community Care Licensing Division
Administrator Certification Section**

**VENDOR
GUIDELINES
and
PROCEDURES**

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TABLE OF CONTENTS

ADMINISTRATOR CERTIFICATION

Introduction	1
Definition of Terms	2
Certification Categories.....	4
Training Programs	4

VENDOR APPROVAL

Vendor Approval Application Process	4
Things You Should Know About Vendor Approval	6
How to Complete the Roster of Participants (LIC 9142a).....	9

COURSE APPROVAL

Things You Should Know About Course Approval	9
Advertising Approved Courses	11
How to Complete the Course Approval Outline.....	12
How to Renew Continuing Education Courses	15
Credit for Coursework.....	16

APPENDIX

Vendor Application/Renewal (LIC 9141)	
Request for Course Approval (LIC 9140)	
Roster of Participants, Vendor Use Only (LIC 9142a)	
Renewal of Continuing Education Course Approval (LIC 9139)	
Incomplete Initial Certification/Continuing Education Vendor Application	
Denied Initial Certification/Continuing Education Vendor Application	
District Office Listing	
Core of Knowledge Guideline	
Disapproved Course Approval Request	
Incomplete Course Approval Request	
Sample Course Approval Outline	

INTRODUCTION

The Administrator Certification Program (ACP) is a legislatively mandated program designed and intended to upgrade the knowledge and education levels of persons wishing to become administrators of **Adult Residential Facilities (ARF), Residential Care Facilities for the Elderly (RCFE), and Group Homes (GH)** through a certification process. The ACP is also legislatively mandated to approve and/or to disapprove vendors of Initial Certification Training and Continuing Education Training programs, their courses, and instructors. The certification program is administered through the California Department of Social Services, Community Care Licensing Division, Administrator Certification Section (ACS). The ACS is comprised of two sections – “Certification Unit” and “Vendor Unit.”

The ***Certification Unit*** is responsible for screening and processing ARF, RCFE, and GH applications from individuals wishing to become certified administrators. This includes processing fees, fingerprints, tests and results, certificates of completed training, and searching the Licensing Information System for criminal background clearances and compliance. This unit also processes incoming/outgoing mail, responds to written

inquiries, and updates administrator records housed in a computer database.

The ***Vendor Unit*** is responsible for approving/disapproving individuals and organizations as vendors, and reviewing and approving/disapproving courses to be offered to persons who wish to become certified administrators and those who wish to recertify. Training courses that are approved for vendors offer focus on licensing regulations and other Core of Knowledge Guideline-related areas. These regulations pertain to the roles and responsibilities of the administrator in the overall management of their facilities, including meeting the activities of daily living needs of the clients in their facilities.

The Vendor Guidelines and Procedures Manual is provided to help prospective and renewing vendors successfully complete request forms for vendor and course approval. The completed request forms provide the Department with the information needed to perform its duties as mandated by the pertinent provisions of the Health and Safety Code and Title 22, California Code of Regulations. The ultimate goal is for vendors, working collaboratively with the Department, to provide the best training possible to prospective and current administrators, enabling them to provide safe, high quality care and supervision to the clients in their facilities.

DEFINITION OF TERMS

Administrator means the licensee or the individual designated by the licensee to act in his/her behalf in the overall management of an ARF, RCFE, or GH. The licensee, if an individual, and the administrator may be the same person.

Administrator Certification Programs (ACP) means the legislatively mandated program administered by the California Department of Social Services (CDSS). The ACP provides certification to licensees and individuals for the position of administrator in an ARF, RCFE, or GH. The Program also approves training vendors and the courses they offer to current and prospective licensees and/or administrators.

Administrator Certification Section (ACS) means the office within the CDSS, Community Care Licensing Division, authorized to administer all components of the certification program.

Administrator Certification Test means the standardized test developed and administered to persons wishing to become certified administrators for the first time.

Classroom Hour means sixty (60) minutes of classroom instruction with or without a break. It is recommended that no more than twenty (20) minutes of break time be included in every four (4) hours of instruction. No credit is given for meal breaks.

Co-locate means that a vendor applicant is approved for more than one program type (ARF, RCFE, GH) and has received approval to teach specific continuing education courses at the same time and at the same location. Co-location is allowed for continuing education training program vendors only.

Complete Request means the vendor applicant has submitted, and the Department has received, all required information and materials necessary to approve or deny the request for certification program and/or course approval.

Continuing Education means the process of extending training and development knowledge to ensure that administrators remain current with the principles and practices of the care and supervision of clients in an ARF, RCFE, or GH.

Continuing Education Training Program Vendor means a vendor approved by the Department to provide continuing education training courses to administrators and certificate holders to qualify them for renewal of their administrator certificate.

Continuing Education Units (CEU) means the hourly training credits approved by the Department which are required to renew administrator certification.

Core of Knowledge Guideline means the document that identifies key areas of training for the initial certification training program. This document can also be used as a guide for the development of CEU courses.

Course means either (1) a quarter- or semester-long structured sequence of classroom instruction covering a specific subject, or (2) a one-time seminar, workshop, or lecture of varying duration.

Course Approval means the ACS has approved a course and assigned it a number, indicating that it meets Health and Safety Code and regulatory intent and requirements for administrator training.

Initial Certification Training Program Vendor means a vendor approved by the Department to provide the initial 35/40-hour certification training program to persons who do not possess a valid administrator certificate.

Initial Vendor Application means the application form, LIC 9141, used to request approval from the Department to become a vendor for the first time.

Renewal Vendor Application means the application form, LIC 9141, used to request approval from the Department to continue another two (2) years as an approved vendor.

Vendor Approval means the ACS has approved a vendor and has assigned an approval number to a person or entity according to the Health and Safety Code and regulations. This grants the vendor the authority to provide Department-approved initial certification and/or continuing education training courses to administrators.

Forms:

- LIC 9139** - Renewal of Continuing Education Course Approval
- LIC 9140** - Request for Course Approval
- LIC 9141** - Vendor Application/Renewal
- LIC 9142a** - Roster of Participants – For Vendor Use Only

WHERE CAN I GET MORE INFORMATION ABOUT CERTIFICATION CATEGORIES AND ABOUT BECOMING A VENDOR?

You start the process by first deciding which category of training you would like to provide instruction. Do you want to teach classes for the ARF (client ages 18-59), RCFE (client ages 60+) and/or GH (client ages 6-18)? You must also decide whether you want to teach the RCFE or GH 40-hour or ARF 35-hour Initial training program or Continuing Education program. Perhaps you would like to teach some combination of these six (6) programs. You may also telephone our office at (916) 263-1861 for additional information. A copy of the regulations governing the training program type you are interested in is enclosed with this manual.

WHAT IS AN INITIAL CERTIFICATION TRAINING PROGRAM VERSUS CONTINUING EDUCATION TRAINING PROGRAM?

The Initial training program is a 35/40-hour instruction program required to be completed by persons who wish to become certified for the first time. The Continuing Education training program is for administrators and certificate holders who have

become certified and are required to complete on-going training in order to recertify. The Initial training program must be taught by an approved vendor.



HOW DO I APPLY TO BECOME A VENDOR?

Any person or entity seeking approval as a vendor must submit a written request. A vendor number must be received from the Department prior to presenting courses to administrators. The request must include:

1. A completed Vendor Application/Renewal form, LIC 9141 (see Appendix).

Initial Certification training program applications must include the application form, LIC 9141 and course approval form, LIC 9140 (see Appendix). Approval as a 35/40-hour vendor and the course are treated as a single unit.

Continuing Education training program requests for course approval may be submitted at any time after the vendor is approved.

The ACS *will not accept* substitute or alternate forms. Please use the forms contained in this manual or

an exact replica. If you do not have a current form, please contact the ACS for assistance.

The ***ACS must be notified of all changes*** in any of the information submitted on the Vendor Application/Renewal form as soon as possible. Failure to notify the ACS may result in your inability to receive important information and/or disapproval of your application.

2. A vendor application processing fee. Make the check or money order payable to the California Department of Social Services (CDSS).

A \$150 processing fee is required of proposed vendors of **Initial** Certification training courses.

A \$100 processing fee is required of proposed vendors of **CEU** training courses.

3. Mail the completed Vendor Application/Renewal form and applicable fee to:

**California Department of
Social Services
Administrator Certification
Section
744 P Street, M.S. 19-47
Sacramento, CA 95814**

If your application is approved, an approved copy will be returned to you. At the bottom of the LIC 9141 application form,

you will find a vendor approval number and expiration date. The vendor approval number is the number that you will use when submitting applications for approval of training courses. You will also use this number on certificates that you issue to participants of your training courses. A vendor number is generated by a computer and looks like this:

1000025-735-1

The first seven numbers are the vendor number.

The second three numbers are the program type: 735-ARF, 740-RCFE, 730-GH.

The last number is the course type: 1 – initial, and 2 - CEU.

Vendor approvals *automatically expire two (2) years from the date of issuance.* As a courtesy, the ACS sends renewal notices 90 days prior to the vendor expiration date. The notice will be mailed to you at the last address on record in our office. If you do not receive a notice, you are still responsible to apply for renewal prior to the expiration date of your training program. You may use the Vendor Application/Renewal (LIC 9141) form provided in this manual. You may want to make additional copies for future use.

An analyst in the Vendor Unit will be assigned to you for ongoing consultation and assistance.

If your application is incomplete, a letter will be sent to you detailing why the application is incomplete (see Appendix) and your application will be returned. The letter will provide instruction for the resubmission of your application should you choose to pursue approval as a vendor of training. You will be given 30 days from the date noted on the letter to resubmit the application and additional information and/or documentation needed to complete your application. If you do not resubmit an amended application within 30 days, we will assume that you are no longer interested in becoming a vendor.

If your application is denied, a copy of your application will be returned to you with a letter of explanation within 30 days of its receipt (see Appendix). You will have 15 days from the date of the letter to appeal the denial of your application.

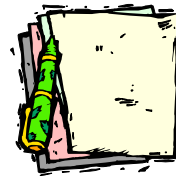
WHAT SHOULD I KNOW ABOUT BECOMING AN APPROVED VENDOR?

Approved Initial Certification Training Vendors:

1. It is recommended that, as a new vendor, you introduce yourself to all Licensing District Offices in the area(s) where you will provide training classes before you begin training. A list of the

District Offices is included in this manual (see Appendix).

2. Contact the local Licensing District Office to schedule a test date and location. It is recommended that you do this prior to the completion of the course. The goal is to enable your participants to take the test as soon as possible while the information is still fresh in their minds.
3. Upon completion of the Initial Training program, submit the participants' names on the Roster of Participants form, LIC 9142a (see Appendix) to the Department testing representative at the local Community Care Licensing District Office and the ACS within seven (7) days of completion of the initial classroom instruction.



4. Inform participants about the process for requesting their administrator certificate. This process includes:

Taking and passing the certification test within 60 days of completing the Initial training program.

Receiving a letter from the ACS notifying them of their test results. If they pass the test, an application to request certification will be enclosed

with the letter that provides instruction about how to apply for certification. **Within 30 days of being notified by the ACS of having passed the test, emphasize to participants that they must submit their application and a copy of the test results.**

Submitting a copy of the certificate of completion obtained from the vendor.

Submitting a check or money order for \$100 made payable to the California Department of Social Services (CDSS).

Obtaining a criminal record clearance from the Department of Justice. It is recommended that participants use Livescan to submit their fingerprints. The results are received by the Department much more quickly. Each CCL District Office has a Livescan site. An appointment must be made ahead of time by calling Toll Free 1-800-315-4507. If the participant is unable to use Livescan he/she may use the fingerprint card FD258 which will be supplied by ACS. If they already have a clearance, they do not need to resubmit fingerprints for processing.

Approved Continuing Education Training Program Vendors:

1. It is recommended that, as a new vendor, you introduce yourself to all Licensing

District Offices in the area(s) where you will provide training classes before you begin training. A list of the District Offices is included in this manual (see Appendix).

2. Upon completion of your training programs, submit the participants' names on the Roster of Participants (LIC 9142a) to the ACS. The ACS uses the roster to check for fraudulent certificates and to obtain legible names and addresses. Failure to submit the roster could result in the Certificates of Completion you issue being rejected.

3. Inform participants about the process to renew their administrator certificates. This process includes:

Receiving a reminder notice from the ACS 90 days prior to the expiration date of their certificate. This notice provides detailed information about the requirements to apply for recertification.

Submission of Certificates of Completion of the required 40 hours of continuing education hours.

Paying a renewal fee of \$100 with a check or money order made payable to the California Department of Social Services (CDSS).

Paying a deficiency fee of \$300 for recertification applications submitted after the expiration date of their certificate.

All vendors must:

1. Issue a Certificate of Completion to each person attending an approved Initial Certification or Continuing Education course.



Certificates should be distributed at the conclusion of the course or within seven (7) days of completion of the course. Each certificate must include at a minimum:

The title of the course exactly as approved by the ACS.

The course approval number from the LIC 9140, (Example: 057-0209-2474).

The vendor approval number from the LIC 9141.

The name of the participant. If the participant is a certification applicant, remind him/her to use the same name throughout the certification process on all forms including fingerprint cards, Request for Administrator Certificate,

roster, etc. If the participant is a certified administrator working toward recertification, the name should appear the same as on his/her current administrator certificate.

The date of the course.

The location of the course.

The number of classroom hours completed.

The signature of the vendor or vendor's authorized representative.

The vendor's name.

Certificates issued without the above information will not be accepted by the ACS. The certification application will be returned to the applicant who will then contact you to resolve the problem.

2. Provide a "make-up" policy for participants of your Initial Certification Training Program only.
3. Offer a means by which an administrator/participant may evaluate the course. Maintain course evaluations for ACS staff review.
4. Maintain course evaluations and all other written records for a minimum of three (3) years from the conclusion of the course.

HOW DO I COMPLETE THE ROSTER OF PARTICIPANTS?

LIC 9142a – Vendor Roster



1. Check only one box to indicate the course program type.
2. Print your vendor name as approved by the ACS. *Do not abbreviate or shorten the name.*
3. Print your vendor number.
4. Print the date that the course was completed.
5. Print the course name exactly as approved by the ACS.
6. Print the CEU course number if this is a CEU course as approved by the ACS.
7. Print the name of the authorized representative.
8. The authorized representative must fill in their title.
9. The authorized representative must sign.
10. Print the signature date of the authorized



WHAT SHOULD I KNOW ABOUT OBTAINING COURSE APPROVAL?

A vendor *must request approval* of all courses on a Department-provided Request for Course Approval (LIC 9140) form for each course to be offered for certification credit.

1. Each approved CEU course will be issued a separate course approval number that is generated by a computer.

EXAMPLE: 057-0209-2474

The first three numbers are part of your vendor number.

The “02” in the second four numbers indicate the number of hours approved for the course.

The “09” relates to the Core of Knowledge Guideline category.

The last four numbers are computer generated and refer to the specific course that was approved.

2. The complete course approval number **must** be on the certificates you issue to the administrator/participants upon completion of the course.
3. **Allow thirty (30) days for the ACS to process a**

Request for Course Approval.

Approved course numbers are *not* transferable to another vendor or to other courses. Only the vendor who receives course approval is authorized to offer and advertise the course.

Course approvals expire at the same time that the vendor program approval expires. Therefore, the length of a course approval may vary from one day to two years. Vendors should attach a note to the course approval application if they are applying for a one-time only approval. Some reasons for limiting approval time are:

1. A one-time annual conference (the topics and content may be applicable to the current year only).
2. The speakers or instructors are available one time only.
3. The topic is scheduled for imminent regulation change.

A new request for course approval is required when:

1. The number of classroom hours originally approved changes.
2. The course content changes and/or a new topic is added.

A new course approval form is not required if you are removing an instructor or adding a new instructor to an approved course.

You may request approval for instructor changes by letter; however, you must receive approval from the ACS prior to using the instructor.

A Request for Course Approval (LIC 9141) form with a completed outline must be submitted with each course approval application. The ACS reviews each course separately, and in the order of the date received. **Do not fax materials unless your analyst requests or approves the fax.**

If a course is co-located (exact same course for ARF/RCFE/GH to be taught in the same location and at the same time), a separate LIC 9141 and course outline must be completed for each program type.

The ACS will reject incomplete requests for course approvals and will return them to you with a letter of explanation.

When you submit a Vendor Application/Renewal (LIC 9140) to renew your CEU vendor approval, you must also submit a Renewal of Continuing Education Course Approval (LIC 9139) to renew approval of previously approved courses (see page 15).

1. Classroom hours, course content, and instructors must remain exactly as originally approved.
2. Changes to the original course require that you submit a new

Request for Course Approval (LIC 9140).

Initial Training vendors should review their course content yearly to make sure that their courses correspond with current laws and regulations. Laws and regulations change yearly. If the course content needs to be changed to meet current standards, submit a Request for Course Approval (LIC 9140).

Course approval may be granted for repeated CEU courses and/or conferences offered at various locations. However, the instructors' scheduled hours and course content must remain unchanged. One course approval number will be assigned to each course. The vendor must include the tentative scheduled date, times, and locations with their course approval request and course outline. Once a course is approved, confirm the scheduled dates, time schedules, and locations with ACS (a course advertisement will suffice). Administrators receive CEU credit by the course number.

NOTE: This means that an administrator can attend each course only once for credit.



Sixty (60) days prior to the first class, mail your completed

Request for Course Approval and the course approval outline to:

**California Department of Social
Services
Administrator Certification
Section
Vendor Unit
744 P Street, M.S. 19-47
Sacramento, CA 95814**

HOW DO I ADVERTISE APPROVED COURSES?

The ACS requests that vendors advertise courses only **after** they have received approval. However, if a vendor does advertise a course prior to ACS' approval, ACS strongly recommends that the vendor state on the flyer that the course is **"pending approval from the CDSS, Administrator Certification Program."** If a course is presented and later disapproved, certificates of completion will not be accepted.

If it is approved, ACS suggests that you advertise your approved course using the following phrase:

"Approved by the CDSS for the 35 or 40 hours of initial training of administrator certification."

Vendor Number:

GH 1000057-730-1
ARF 100065-735-1
RCFE 100090-740-1

“Approved by the CDSS for two (2) hours of continuing education units for administrator recertification. Course Number:

GH 057-0209-2474
ARF 065-0209-2474
RCFE 090-0209-0474

The ACS does not publish or offer advertising of approved courses. A list of approved vendors is published monthly and is available through local Community Care Licensing District Offices, from the ACS, or from the CCLD web page at: <http://ccl.dss.cahwnet.gov> and type in a search for “administrator certification program.”

HOW DO I COMPLETE THE COURSE APPROVAL OUTLINE?

Use the Request for Course Approval form, (LIC 9140) as a cover sheet to the detailed course approval outline. It is recommended that you review the appropriate regulations when preparing the documentation that you will attach to the form.

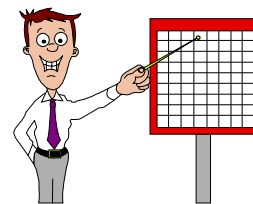
1. Attach a current resume for each instructor presenting the course. The ACS reviews topics to be presented and qualifications of instructors. Based on the resume provided, the ACS determines if each instructor is qualified

by education or experience to instruct in the area he/she is presenting in accordance with the appropriate regulations.

Advertisements and summaries are not acceptable. The resume should include the instructor’s name, address, phone number, work experience and educational background. If the instructor is qualified to present the course by virtue of his/her degree, the course of study for which the degree was earned should be stated, for example, Bachelor of Science Degree in Gerontology – UC, Davis.

If the instructor is qualified to present the course by virtue of his/her professional license, certificate, or other approval, include his/her title and license, certificate, or approval number.

If the instructor is qualified to present the course by virtue of his/her administrator experience, include the dates and facility name(s) or number(s) where the experience was gained, the administrator certification number, and all pertinent work experience.



Contact the ACS if you have questions about instructor qualifications prior to submitting your Request for Course Approval.

All instructors who are either an administrator or licensee operating an ARF, RCFE, or GH, and their facilities must be in substantial compliance according to licensing requirements. All instructors whose qualifications to teach a course are either wholly or in part based on the instructor holding a license, certificate, or other approval must be in good standing and not the subject of disciplinary action by the agency issuing the license, certificate, or approval. You should reference the appropriate regulations for more information.

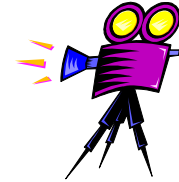
2. Provide a course description.

Show how the course directly relates to either the business operation or the care and supervision of residents in an ARF, RCFE, or GH and how the course applies to the Core of Knowledge Guideline (see Appendix).

3. Describe the course objective.

What is the student expected to know upon completion of the course? Example: Student will gain knowledge on practical application of licensing requirements, such

as, the recruiting and hiring of staff.



4. Describe the teaching methods and instructional tools that will be used to instruct and provide an understanding of the course content to students, such as, lecture, handouts, discussion, overhead projector, videos, demonstration, or role playing.

5. Describe the course content.

Course content is the curriculum used to instruct the students. You must provide an outline noting specific detail that will be presented (see Appendix for sample course outline). The Core of Knowledge Guideline may be used to identify key areas of training for Initial training programs.

The names of the instructors are matched to the course content. State who will be speaking, about what, and when.

Include an hour-by-hour schedule of activities and names of instructors for each segment of the course.

The schedule is matched to the course content. It should show what time the course will begin and end, when and how long the break times are scheduled, and what topics will be presented each hour. The Core of Knowledge Guideline identifies the number of hours for each topic required for Initial training programs.

The ACS will include reasonable morning and/or afternoon breaks in the instruction time; however, meal breaks will not be included.

NOTE: ACS will not approve increments less than an hour for a course. Courses must total in full-hour increments. (Example: if you submit a 4.5 hour course, ACS will only recognize it as a 4 hour course.)

6. Explain the method of course evaluation for participants.

How will the participant be given the opportunity to evaluate the instruction given?

How will the evaluations be made available for CDSS review?

Will the participants have an opportunity to ask questions and seek clarification on the subject matter?

7. Explain and provide the method of evaluating the participants.

How will the instructor evaluate the participants?
How will the instructor constructively measure his/her teaching effectiveness?

8. Explain the types of records you will maintain for the courses presented.

Describe what records you will maintain and how and where you will store them.

9. Describe the location or geographic area where the course will be presented.

10. Make-up procedure.

Is a make-up procedure provided for the Initial Certification training course?

How can participants who have missed components of the Initial Certification course make-up hours to complete the program?

The ACS reviews course approval applications for completeness, including having the original signature of the vendor or the vendor's authorized representative.



If the ACS approves your request for approval, a copy of the LIC 9140 will be returned to you. It will be checked as approved and will indicate whether it is an initial application approval or a renewal application approval. A course approval number will be provided on this form. This number must be used when corresponding with the ACS, and on the certificates of completion issued to classroom participants. An expiration date will be provided for the program.

If the ACS disapproves your course, your Request for Course Approval and course outline package will be returned to you. A letter of explanation will be sent by the ACS within 30 days of receipt of your application (see Appendix for disapproval and incomplete letters). Any requested information noted in the letter of explanation must be submitted to the ACS within 30 days or the ACS will consider your request withdrawn.

Attached to this packet is a sample course approval outline that can be used as a model (see Appendix).

HOW DO I RENEW CONTINUING EDUCATION COURSES?

Complete the Renewal of
Continuing Education Course

Approval form, LIC 9139 (see
Appendix).

1. Check only one box to indicate the course program type.
2. Print your vendor name as approved by the ACS. Do not abbreviate or shorten the name.
3. Print the vendor approval number from your Vendor Application/Renewal.
4. Print the course names exactly as originally approved on the Request for Course Approval form.
5. Print the course numbers exactly as originally approved on the Request for Course Approval form.
6. Declare under penalty of perjury that the foregoing information is true and correct to the best of your knowledge by signing the form.
7. Print the name of the Authorized Vendor as originally approved on the Vendor Application/Renewal form.
8. Provide the signature of the Vendor/Authorized Representative.
9. Print the title of the Vendor/Authorized Representative. This will be

the person we contact in case we have questions.

10. Provide the date of signature.

It is the vendor's responsibility to submit a course renewal application 60 days prior to the expiration date. The ACS will not approve courses for certification of administrators that are presented after the expiration date. The ACS will return Certificates of Completion, issued without authorization, to the applicant or administrator with instructions to contact the vendor. **Vendor approval and course approval will not be granted on a retroactive basis.** This applies whether or not you receive a courtesy renewal notice.

HOW DO PARTICIPANTS RECEIVE CREDIT FOR COURSEWORK?

Participants in approved courses will receive one (1) hour of CEU credit for each classroom hour attended.

Where units are awarded for completion of a university or college course, only hours that apply to the specific program type and Core of Knowledge Guideline will be approved for CEU credit.

No credit will be given for the following coursework:

1. Duplicate courses.

An administrator may not repeat a course for credit. The course number differentiates course content. (An administrator may take a course with the same or similar title for credit, but **not** with the same course number.)

2. Training programs that have been modified without ACS' approval.
3. Courses taught by vendors approved by other California State agencies that do not relate to the Core of Knowledge Guideline.

Prior to taking a course from an accredited educational institution or from vendors approved by other California State agencies, the certificate holder should review the course description carefully to ensure that the course relates to the applicable Core of Knowledge Guideline. If it does not, the course will not be credited toward the recertification requirement. If you are not sure whether a course relates to the Core of Knowledge Guideline, call the ACS at (916) 263-1861.

APPENDIX

VENDOR APPLICATION/RENEWAL
ADMINISTRATOR CERTIFICATION PROGRAM**Mail the application and fee to CDSS, ACS 744 "P" Street, M.S. 19-47, Sacramento, CA 95814**

Type of Program: (Check one box only, if applying for more than one program, submit applications separately)

☐ **RCFE**☐ **ARF**☐ **GH**

(2) Type of Application: (Check one box only)

(IF RENEWAL, PROVIDE VENDOR APPROVAL NUMBER)

☐ Initial☐ Renewal

(3) Type of Vendor: (Check one box only)

☐ 35/40 Hour Vendor (\$150 Processing Fee)☐ CEU Vendor (\$100 Processing Fee)

(4) Name of Vendor

(5) Phone Number

(6) Vendor Mailing Address

(7) Vendor is a/an

☐ Individual☐ University, College or School☐ Provider Association☐ Partnership☐ Licensee/Administrator☐ State Employee☐ Corporation☐ Government Agency☐ Other: _____

(8) Please print or type name(s) of individual, partners, board members:

Each person listed in this section must complete (11) through (14).

Additional space is provided on the back of this form.

(9) Title

(10) Social Security Number*

(11) Do you currently possess or have you previously held a license, certification or other approval as a professional in a specified field?

If yes, please indicate the type of license or certificate and license number(s):

☐ Yes☐ No

License Number: _____

Certificate Number: _____

(12) Do you currently hold or have you previously held a community care facility license, or were or are you employed by a licensed community care facility?

If yes, please indicate the facility name and license number(s):

☐ Yes☐ No

License Number: _____

Facility Name: _____

(13) Have you been the subject of any administrative, legal or other action involving licensure, certification or other approvals as specified in (11) OR (12)?

If yes, please explain and provide dates. If additional space is needed, please attach to this application.

☐ Yes☐ No

(14) I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

(15) Printed Name of Applicant/Vendor

(16) Signature of Vendor/Authorized Representative

(17) Title

(18) Date

DO NOT WRITE BELOW THIS LINE☐ Application/Renewal has been approved by:

Date

Approval Number# _____

Expires

☐ Application/Renewal has been disapproved by:

Date

Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

* Disclosure of Social Security Number(s) is optional.

* Add attached language.

Use this additional space for persons listed in section (8)

NAME (PLEASE PRINT)

(11) Do you currently possess or have previously held a license, certification or other approval as a professional in a specified field? If Yes, please indicate the type of license or certificate and license number(s); ☐ YES ☐ NO

License Number: _____ Certificate Number: _____

(12) Do you currently hold or previously have held a community care facility license, or were/are you employed by a licensed community care facility? If Yes, please indicate the facility name and license number(s): ☐ YES ☐ NO

Facility Name: _____ License Number: _____

(13) Have you been the subject of any administrative, legal or other action involving licensure, certification or other approvals as specified in (11) or (12)? If Yes, please explain and provide dates. If additional space is needed, please attach to this application. ☐ YES ☐ NO

(14) I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

SIGNATURE

DATE

NAME (PLEASE PRINT)

(11) Do you currently possess or have previously held a license, certification or other approval as a professional in a specified field? If Yes, please indicate the type of license or certificate and license number(s); ☐ YES ☐ NO

(12) Do you currently hold or previously have held a community care facility license, or were/are you employed by a licensed community care facility? If Yes, please indicate the facility name and license number(s): ☐ YES ☐ NO

(13) Have you been the subject of any administrative, legal or other action involving licensure, certification or other approvals as specified in (11) or (12)? If Yes, please explain and provide dates. If additional space is needed, please attach to this application. ☐ YES ☐ NO

(14) I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

SIGNATURE

DATE

NAME (PLEASE PRINT)

(11) Do you currently possess or have previously held a license, certification or other approval as a professional in a specified field? If Yes, please indicate the type of license or certificate and license number(s); ☐ YES ☐ NO

License Number: _____ Certificate Number: _____

(12) Do you currently hold or previously have held a community care facility license, or were/are you employed by a licensed community care facility? If Yes, please indicate the facility name and license number(s): ☐ YES ☐ NO

Facility Name: _____ License Number: _____

(13) Have you been the subject of any administrative, legal or other action involving licensure, certification or other approvals as specified in (11) or (12)? If Yes, please explain and provide dates. If additional space is needed, please attach to this application. ☐ YES ☐ NO

(14) I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

SIGNATURE

DATE

INSTRUCTIONS:

Mail the request for approval to CDSS, ACS, 744 "P" Street, M.S. 19-47, Sacramento, CA 95814. Submit this request 60 days in advance of the date the class is offered. Submit a separate request and package for each course/program type.

- (1) Course Program/Type (Check ☒ One Box)
- ☐ RCFE 40-Hour ☐ GH 40-Hour ☐ ARF 35- Hour ☐ RCFE CEU ☐ GH CEU ☐ ARF CEU
-
- (2) Will this course be co-located with any other course program/type(s) ☐ YES ☐ NO
- (co-locate means that the exact same course ARF/RCFE/GH to be taught in the same location at the same time)
- If Yes, please provide course program/type and course number(s) if available: _____

(3) Name of Vendor	(4) Vendor Approval Number	(5) Phone Number

(6) Vendor Mailing Address

(7) Title of Course

(8) Dates Offered	(9) Total Classroom Hours	(10) Fee
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I.	Instructor(s) Qualifications: Include a current resume for each instructor. The vendor is responsible that all instructors meet the requirements set forth in regulations, Sections 87731.1, 84091.1, 85091.1(b)(5) through (7).
II.	Description of Course: Show how course directly relates to the Core of Knowledge Guideline.
III.	Objective of Course: What the student is expected to know upon completion of this course.
IV.	Teaching Methods: Explain the types of teaching methods to be used.
V.	Course Content: Detailed description of course content, hour-by-hour schedule of activities, and instructor for each segment.
VI.	Method of Course Evaluation by Participants: Explain how participants will evaluate the course.
VII.	Method of Evaluating Participants: Explain how you will evaluate the participants.
VIII.	Types of Records to be Maintained and Address Where Records are Maintained.
IX.	Address and/or Geographic Area Where the Course Will Be Presented
X.	Make Up Policy for 40-Hour/35-Hour Initial Certification Courses Only

(11) I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

(12) Printed Name of Vendor/Authorized Representative	(13) Signature of Vendor/Authorized Representative
(14) Title	(15) Date

(15) DO NOT WRITE BELOW THIS LINE

40/35 Hour Course Approval Number									—					—	Date Approved
CEU Course Approval Number				—						—					Date Approved
Approved by														Expiration Date	

Use this additional space for Instructor(s):

NAME OF INSTRUCTOR

SOCIAL SECURITY NUMBER*

- (5) Does the instructor currently possess or previously have held a license, certification or other approval as a professional in a specified field? If Yes, please indicate the type of license or certificate and number(s). ☐ YES ☐ NO

LICENSE NUMBER

CERTIFICATE NUMBER

- (6) Does the instructor currently hold or previously have held a community care facility license, or has she/he been employed by a licensed community care facility? If Yes, please indicate the facility name and license number(s). ☐ YES ☐ NO

- (7) Has the instructor been the subject of any administrative, legal or other action involving licensure, certification or other approvals as specified in (5) or (6) above? If Yes, please explain and provide dates. If additional space is needed, please attach to this application. ☐ YES ☐ NO

I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

SIGNATURE

DATE

NAME OF INSTRUCTOR

SOCIAL SECURITY NUMBER*

- (5) Does the instructor currently possess or previously have held a license, certification or other approval as a professional in a specified field? If Yes, please indicate the type of license or certificate and number(s). ☐ YES ☐ NO

CENSE NUMBER

CERTIFICATE NUMBER

- (6) Does the instructor currently hold or previously have held a community care facility license, or has she/he been employed by a licensed community care facility? If Yes, please indicate the facility name and license number(s). ☐ YES ☐ NO

- (7) Has the instructor been the subject of any administrative, legal or other action involving licensure, certification or other approvals as specified in (5) or (6) above? If Yes, please explain and provide dates. If additional space is needed, please attach to this application. ☐ YES ☐ NO

I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

SIGNATURE

DATE

* Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

* Disclosure of Social Security Number(s) is optional.

ROSTER OF PARTICIPANTS--FOR VENDOR USE ONLY--35/40 HOUR INITIAL OR CEU COURSES
ADMINISTRATOR CERTIFICATION PROGRAM

- Provide the information requested below for all participants who have completed the required hours of classroom instruction.
- Mail a copy of this roster within 5 days of completion of required classroom instruction to the Administrator Certification Section at:
744 "P" Street, M.S. 19-47, Sacramento, CA 95814
- Mail the original of this completed roster to the District Office for testing purposes. Please submit a separate roster for each course program type.

(1) Course Program Type (Check one box):

☐ **RCFE Initial 40-Hour Course**
☐ **RCFE CEU**

☐ **ARF Initial 35-Hour Course**
☐ **ARF CEU**

☐ **GH Initial 40-Hour Course**
☐ **GH CEU**

(2) Vendor Name		(3) Vendor #		(4) Date	
(5) Course Name		(6) CEU Course #			
Last Name of Participant	First Name of Participant	Middle Initial	Location of Course	Facility Name or Facility License #	
Address	City		Zip Code	Phone Number	
Last Name of Participant	First Name of Participant	Middle Initial	Location of Course	Facility Name or Facility License #	
Address	City		Zip Code	Phone Number	
Last Name of Participant	First Name of Participant	Middle Initial	Location of Course	Facility Name or Facility License #	
Address	City		Zip Code	Phone Number	
Last Name of Participant	First Name of Participant	Middle Initial	Location of Course	Facility Name or Facility License#	
Address	City		Zip Code	Phone Number	
Last Name of Participant	First Name of Participant	Middle Initial	Location of Course	Facility Name or Facility License#	
Address	City		Zip Code	Phone Number	

(10) Date

(9) Signature of Authorized Representative

(8) Title of Authorized Representative

(7) Name of Vendor's Authorized Representative

DEPARTMENT OF SOCIAL SERVICES

744 P Street, M.S. 19-47, Sacramento, CA 95814



Date

**RETURN THIS LETTER
WITH YOUR RESUBMISSION**Vendor
Address
City, CA Zip**SUBJECT: INCOMPLETE VENDOR APPLICATION**

The Community Care Licensing Division, Administrator Certification Section, has received your application to sponsor a/an:

- ☐ Adult Residential Facility (ARF) training program for administrators.
- ☐ Residential Care Facility for the Elderly (RCFE) training program for administrators.
- ☐ Group Home (GH) training program for administrators.

After thorough review of your application, the package you submitted has been returned for the following reason(s):

- ☐ Appropriate signature(s) were not provided on the application.
- ☐ Incorrect application form submitted. Please use the enclosed application form issued by the Department. Do not alter the format.
- ☐ Have all persons listed in number (8) complete and sign the reverse side of the enclosed LIC 9141 form.
- ☐ The processing fee was not included in the vendor application package.
- ☐ Please review and verify that the information contained in statement (12) for _____ is correct. Our records indicate that the information received does not match the information from our Department Licensing Information System's database.
- ☐ The 35/40 hour Initial Certification Training Program was not included with the submission of your vendor application.
- ☐ Other:

You may resubmit your application with the additional information as stated above. If you have any questions, please contact me at (916) _____.

Sincerely,

ANALYST'S NAME
Program Analyst
Administrator Certification Section

DEPARTMENT OF SOCIAL SERVICES

744 P Street, M.S. 19-47, Sacramento, CA 95814



Date

Name

Organization

Address

City, State, Zip

Subject: DENIED VENDOR APPLICATION

The Community Care Licensing Division, Administrator Certification Section has received your application to sponsor a/an:

☐ ARF Initial training program☐ ARF CEU training program☐ RCFE Initial training program☐ RCFE CEU training program☐ GH Initial training program☐ GH CEU training program

Your request has been denied for the following reason(s):

You have the right to appeal the decision of the Department. If you choose to appeal the decision, forward your written appeal to:

Department of Social Services
Program Support Bureau
Selso Vargas, Bureau Chief
744 P Street, MS 19-47
Sacramento, CA 95814

The appeal must be mailed within fifteen (15) days of the date of this letter. The Department will provide you with an acknowledgment of your appeal. During the interim, you cannot provide the training(s) specified above. If you decide not to appeal this decision, it will become final fifteen (15) days after the date of this letter.

Sincerely,

DEE BUCK, Manager
Administrator Certification Section

(THIS LIST IS SUBJECT TO CHANGE)

Department of Social Services Community Care Licensing

Department of Social Services
Community Care Licensing Division
744 P Street Sacramento, CA 95814

Community Care Licensing Field Offices

NORTHERN REGIONAL OFFICE Dave Dodds, Manager 8745 Folsom Blvd., Suite 130 Sacramento, CA 95826 (916) 229-4500 FAX (916) 229-4508	COASTAL REGIONAL OFFICE Martha Mills, Manager 801 Traeger Ave., Suite 105 San Bruno, CA 94066 (650) 266-8860 FAX (650) 266-8877
CHICO DISTRICT- RESIDENTIAL AND CHILD CARE 520 Cohasset Road, Suite 6 Chico, CA 95926 (530) 895-5033 FAX (530) 895-5934 Manager: Earl Nance Counties: Butte, Colusa, Del Norte, Glenn, Humboldt, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity and Yuba	CENTRAL COAST AREA- RESIDENTIAL AND CHILD CARE 360 S. Hope Avenue, Suite C-105 Santa Barbara, CA 93105 (805) 682-7647 FAX (805) 682-8361 Manager: Joseph Brocato Counties: San Luis Obispo, Santa Barbara, and Ventura
SACRAMENTO DISTRICT- RESIDENTIAL 2525 Natomas Park Drive, Suite 270 Sacramento, CA 95833 (916) 263-4700 FAX (916) 263-4744 Manager: Gary Palmer Counties: Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Sierra, Stanislaus, Tuolumne and Yolo	BAY AREA DISTRICT- CHILD CARE 1515 Clay Street, Suite 1102 Oakland, CA 94612 (510) 622-2602 FAX (510) 622-2641 Manager: Melissa Miller Counties: Alameda and Contra Costa
SACRAMENTO DISTRICT- CHILD CARE 8745 Folsom Blvd., Suite 200 Sacramento, CA 95826 (916) 229-4530 FAX (916) 387-1933 Manager: Charles Boatman Counties: Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Tuolumne and Yolo	PENINSULA DISTRICT- CHILD CARE 801 Traeger Avenue, Suite 100 San Bruno, CA 94066 (650) 266-8843 FAX (650) 266-8847 Manager: Fred Gill Counties: San Francisco and San Mateo
REDWOOD EMPIRE DISTRICT- RESIDENTIAL AND CHILD CARE 101 Golf Course Drive, Suite A-230 Rohnert Park, CA 94928 (707) 588-5026 FAX (707) 588-5080	SAN FRANCISCO BAY- RESIDENTIAL 851 Traeger Avenue, Suite 360 San Bruno, CA 94066 (650) 266-8800 FAX (650) 266-8841

<p>Manager: Wayne Wilson</p> <p>Counties: Lake, Marin, Mendocino, Napa, Solano, and Sonoma</p>	<p>Manager: Stan Roman</p> <p>Counties: Alameda, Contra Costa, San Francisco, and San Mateo</p>
<p>FRESNO DISTRICT- RESIDENTIAL AND CHILD CARE 770 E. Shaw Avenue, Suite 330 Fresno, CA 93710 (559) 445-5691 FAX (559) 445-5097 Manager: Dave Guinan</p> <p>Counties: Alpine, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, and Tulare</p>	<p>SAN JOSE DISTRICT- CHILD CARE 111 North Market Street, Suite 300 San Jose, CA 95113 (408) 277-1286 FAX (408) 277-2071 Manager: Paula Walsh</p> <p>Counties: Monterey, San Benito, Santa Clara and Santa Cruz</p>
<p>SOUTHERN REGIONAL OFFICE Margie Davis, Manager 5900 Pasteur Court, Suite 125 Carlsbad, California 92008 (760) 929-2121 FAX (760) 929-2133</p>	<p>SAN JOSE DISTRICT- RESIDENTIAL 111 North Market Street, Suite 350 San Jose, CA 95113 (408) 277-1289 FAX (408) 277-2045 Manager: Barbara Mordy</p> <p>Counties: Monterey, San Benito, Santa Clara and Santa Cruz</p>
<p>MISSION VALLEY DISTRICT- CHILD CARE 7575 Metropolitan Drive, Suite 110 San Diego, CA 92108-4402 (619) 767-2200 FAX (619) 767-2202 and 767-2203 Manager: Terry Sutton</p> <p>Counties: Imperial and San Diego</p>	<p>LOS ANGELES REGIONAL OFFICE Colleen Anderson, Manager 100 Corporate Pointe, Suite 350 Culver City, CA 90230 (310) 665-1940 FAX (310) 665-1979</p>
<p>SAN DIEGO DISTRICT- RESIDENTIAL 7575 Metropolitan Drive, Suite 109 San Diego, CA 92108-4402 (619) 767-2300 FAX (619) 767-2252 Manager: Mary Delmast</p> <p>Counties: Imperial and San Diego</p>	<p>LOS ANGELES RESIDENTIAL EAST 1000 Corporate Center Drive, Suite 200A Monterey Park, CA 91754 (213) 981-3300 FAX (213) 981-3425 Manager: Robert Pate</p>
<p>SAN GORGONIO OFFICE- CHILD CARE 3737 Main Street, Suite 700 Riverside, CA 92501 (909) 782-4200 FAX (909) 782-4985 Manager: Robert Gomez</p> <p>Counties: Inyo, Mono, Riverside and San Bernardino</p>	<p>L.A. RESIDENTIAL- NORTHERN VALLEYS 21731 Ventura Blvd., Suite 250 Woodland Hills, CA 91364 (818) 596-4334 FAX (818) 596-4376 Manager: Joann Hirai</p>
<p>INLAND EMPIRE OFFICE-RESIDENTIAL 3737 Main Street, Suite 600 Riverside, CA 92501 (909) 782-4207 FAX (909) 782-4967 Manager: Robert Gonzalez</p>	<p>L.A. RESIDENTIAL WEST 6167 Bristol Parkway, #210 Culver City, CA 90230 (310) 568-1807 FAX (310) 417-3680 Manager: Lydia Thomas</p>

Counties: Inyo, Mono, Riverside and San Bernardino	
ORANGE COUNTY-CHILD CARE 750 The City Drive, Suite 250 Orange, CA 92668 (714) 703-2800 FAX (714) 703-2831 Manager: Mary Kaarmaa	L.A. NORTHWEST CHILD CARE 6167 Bristol Parkway, #400 Culver City, CA 90230 (310) 337-4333 FAX (310) 337-4360 Manager: Sergio Ramirez
Counties: Orange	
ORANGE COUNTY-RESIDENTIAL 770 The City Drive, Suite 7100 Orange, CA 92668 (714) 703-2840 FAX (714) 703-2868 Manager: Arthur Carter	L.A. CHILD CARE EAST 1000 Corporate Center Dr., Suite 200B Monterey Park, CA 91754 (323) 981-3350 (323) 981-3355 Manager: Lois Petzold
Counties: Orange	

County Licensing Agencies

Last updated February, 2001

[Up]

Adult Residential Facilities (ARF) 35-Hour Initial Certification

*Core of Knowledge Guideline

6-Hours	3-Hours	3-Hours	4-Hours	3-Hours	4-Hours	4-Hours	4-Hours	4-Hours
LAW & REGULATIONS	BUSINESS OPERATIONS	MANAGEMENT/ SUPERVISION OF STAFF	PSYCH/SOCIAL NEEDS	COMMUNITY & SUPPORT SERVICES	PHYSICAL NEEDS	MEDICATION	ADMISSION & ASSESSMENT RETENTION	EMERGENCY INTERVENT. NON-VIOLENT
<p>Health and Safety Code 1520</p> <p>Regulations Title 22, Div. 6, Chapter 1 & 6</p> <ul style="list-style-type: none"> • Administrative responsibility/ accountability • Mandated reporting • Confidentiality • Personal rights • Complaint procedures <p>State Fire Code Regulations</p> <ul style="list-style-type: none"> • R2 Occupancies <p>Conservatorship</p> <ul style="list-style-type: none"> • Full • Limited <p>Physical Plant</p>	<p>Liability issues</p> <p>Budgeting and fiscal documentation</p> <p>Monitoring of ongoing operations</p> <p>Funding sources</p> <p>Overview of labor laws</p> <p>Marketing a facility</p> <p>Rate setting/record keeping</p> <p>Other agencies</p> <ul style="list-style-type: none"> • IRS • EDD • INS <p>Contract compliance</p> <p>Audits:</p> <ul style="list-style-type: none"> • Program • Financial <p>Accounting & tax filing requirements</p> <p>Fund raising:</p> <ul style="list-style-type: none"> • What's legal? • Audits • How to mix with other funds 	<p>Staffing requirement/ratio</p> <p>Hiring practices:</p> <ul style="list-style-type: none"> • Criminal background requirements • Use of volunteers/ interns • EEO requirements • General requirements • Other issues • Job descriptions • Federal/state requirements <p>Employee performance evaluations</p> <p>Personnel policy manual</p> <p>Admin/staff training requirements</p> <ul style="list-style-type: none"> • First Aid • CPR • HIV/TB • Water safety • OSHA • Illness/injury and violence prevention plan • Staffing patterns 	<p>Identifying characteristics and special needs of client population</p> <p>Mental health issues</p> <p>Family involvement/ participation and dynamics</p> <p>Bereavement/stress issues</p> <p>Activities</p> <p>Dementia care</p>	<p>Responsibility & expectations of referral agencies</p> <p>Overview of courts, welfare, probation, mental health</p> <p>Community integration, personal safety</p> <p>Collaboration/role with:</p> <ul style="list-style-type: none"> • Police • Fire Dept. • Sheriff • Emergency medical response teams • Business sector <p>Adult Protective Services</p> <p>Other resources</p>	<p>Client needs</p> <ul style="list-style-type: none"> • Nutrition • Assisting with ADLs • Health conditions <p>Individual health care needs</p> <ul style="list-style-type: none"> • Dental • Vision • Podiatry • Hearing • Physical limitations • Hospice care <p>Sexuality</p>	<p>Administration of medication</p> <ul style="list-style-type: none"> • Technical aspects <p>Regulatory requirements:</p> <ul style="list-style-type: none"> • Storage • Documentation • Disposal <p>Role of medications in treatment plan, including typical interactions & staff's role</p> <p>Communication with pharmacists, MDs</p> <p>Drug interaction/ pharmacodynamics</p> <p>Common medications:</p> <ul style="list-style-type: none"> • Infection control • Seizure disorder • Psychotropic <p>Medi-Cal</p> <p>Medical/dental funding</p>	<p>Program Statement</p> <p>Allowable vs. prohibited conditions/ IMS</p> <p>Appraisals:</p> <ul style="list-style-type: none"> • Pre-admission • Physician's report • Functional • Social • Ongoing <p>Needs and services plan:</p> <ul style="list-style-type: none"> • Development • Review <p>Charting and documentation</p> <p>Admission agreements</p> <p>Adult Protective Services/emergency placement</p> <p>Incidental medical services</p> <ul style="list-style-type: none"> • Allowable • Restricted • Prohibited <p>Client satisfaction</p> <p>Program outcome</p> <p>Age exceptions</p> <p>Relocation/eviction</p>	<p>Special incident reporting</p> <p>5150</p> <p>Overview of behavior:</p> <ul style="list-style-type: none"> • Management systems • Modifications <p>Other resources</p>

Residential Care Facility for the Elderly (RCFE) 40-Hour Initial Certification

*Core of Knowledge Guideline

8-Hours	3-Hours	3-Hours	5-Hours	2-Hours	5-Hours	5-Hours	5-Hours	4-Hours
LAW & REGULATIONS	BUSINESS OPERATIONS	MANAGEMENT/ SUPERVISION OF STAFF	PSYCH/SOCIAL NEEDS	COMMUNITY & SUPPORT SERVICES	PHYSICAL NEEDS	MEDICATION	ADMISSION & ASSESSMENT RETENTION	ALZHEIMER'S & DEMENTIA TRAINING
<p>Health and Safety Code 1569</p> <p>Regulations Title 22, Div. 6, Chapter 8</p> <ul style="list-style-type: none"> • Administrative responsibility/ accountability • Mandated reporting • Confidentiality • Personal rights • Complaint procedures <p>State Fire Code Regulations</p> <ul style="list-style-type: none"> • R2 Occupancies <p>Conservatorship</p> <ul style="list-style-type: none"> • Full • Limited <p>Physical Plant</p>	<p>Liability issues</p> <p>Budgeting and fiscal documentation</p> <p>Monitoring of ongoing operations</p> <p>Funding sources</p> <p>Overview of labor laws</p> <p>Marketing a facility</p> <p>Rate setting/record keeping</p> <p>Other agencies</p> <ul style="list-style-type: none"> • IRS • EDD • INS <p>Audits:</p> <ul style="list-style-type: none"> • Program • Financial <p>Accounting & tax filing requirements</p> <p>Fund raising:</p> <ul style="list-style-type: none"> • What's legal? • Audits • How to mix with other funds 	<p>Staffing requirement/ratio</p> <p>Hiring practices:</p> <ul style="list-style-type: none"> • Criminal background requirements • Use of volunteers/ interns • EEO requirements • General requirements • Other issues • Job descriptions • Federal/state requirements <p>Employee performance evaluations</p> <p>Personnel policy manual</p> <p>Admin/staff training requirements</p> <ul style="list-style-type: none"> • First Aid • CPR • HIV/TB • Water safety • OSHA • Illness/injury and violence prevention plan • Duties/ responsibility of staff • Employer responsibility • Staffing patterns 	<p>Identifying characteristics and special needs of client population</p> <p>Mental health issues</p> <p>Family involvement/ participation and dynamics</p> <p>Bereavement/stress issues</p> <p>Activities</p> <p>Dementia care</p>	<p>Responsibility & expectations of referral agencies</p> <p>Mental health resources</p> <p>Ombudsman</p> <p>Adult Protective Services</p> <p>Other resources</p>	<p>Understanding the client needs</p> <ul style="list-style-type: none"> • Nutrition • Assisting with ADLs • Health conditions • Aging process <p>Individual health care needs</p> <ul style="list-style-type: none"> • Dental • Vision • Podiatry • Hearing • Physical limitations • Hospice care/end of life issues <p>Sexuality in the aging adult</p> <p>Nutritional support</p>	<p>Administration of medication</p> <ul style="list-style-type: none"> • Technical aspects <p>Regulatory requirements:</p> <ul style="list-style-type: none"> • Storage • Documentation • Disposal <p>Role of medications in treatment plan, including typical interactions & staff's role</p> <p>Communication with pharmacists, MDs</p> <p>Drug interaction/ pharmacodynamics</p> <p>Common medications:</p> <ul style="list-style-type: none"> • Infection control • Seizure disorder • Psychotropic <p>Client advocacy related to medication use</p> <p>Medi-Cal</p> <p>Medical/dental funding</p>	<p>Program Statement</p> <p>Allowable vs. prohibited conditions/ IMS</p> <p>Appraisals:</p> <ul style="list-style-type: none"> • Pre-admission • Physician's report • Functional • Social • Ongoing <p>Needs and services plan:</p> <ul style="list-style-type: none"> • Development • Review <p>Charting and documentation</p> <p>Admission agreements</p> <p>Adult Protective Services/emergency placement</p> <p>Incidental medical services</p> <ul style="list-style-type: none"> • Allowable • Restricted • Prohibited <p>Client satisfaction</p> <p>Contract compliance</p> <p>Age exceptions</p> <p>Relocation/eviction</p>	<p>Overview of Alzheimer's Disease and dementia</p> <p>Understanding dementia-related behaviors</p> <p>Communications</p> <p>Personal care</p> <p>Medications</p> <p>Environment/ physical plant</p> <p>Individualized Service Plan (ISP)</p>

Group Home (GH) 40-Hour Initial Certification
****Core of Knowledge Guideline***

6-Hours	4-Hours	4-Hours	4-Hours	4-Hours	2-Hours	6-Hours	6-Hours	4-Hours
LAW & REGULATIONS	BUSINESS OPERATIONS	MANAGEMENT/ SUPERVISION OF STAFF	PSYCH/SOCIAL & EDUCATION NEEDS	COMMUNITY & SUPPORT SERVICES	PHYSICAL NEEDS	MEDICATION	ADMISSION & ASSESSMENT RETENTION	EMERGENCY INTERVENT. NON-VIOLENT
<p>Health and Safety Code 1522.41</p> <p>Regulations Title 22, Div. 6, Chapter 1 & 6</p> <ul style="list-style-type: none"> • Administrative responsibility/ accountability • Mandated reporting • Confidentiality • Personal rights • Complaint procedures <p>State Fire Code Regulations</p> <ul style="list-style-type: none"> • R2 Occupancies <p>Physical Plant</p> <p>Clear understanding of rate calculations</p> <p>Non-profit law</p> <p>W&I Code 300/600/632</p>	<p>Liability issues</p> <p>Budgeting and fiscal documentation</p> <p>Monitoring of ongoing operations</p> <p>Funding sources</p> <p>Overview of labor laws</p> <p>Marketing a facility</p> <p>Rate setting/record keeping</p> <p>Other agencies</p> <ul style="list-style-type: none"> • IRS • EDD • INS <p>Contract compliance</p> <p>Audits:</p> <ul style="list-style-type: none"> • Program • Financial <p>Accounting & tax filing requirements</p> <p>Fund raising:</p> <ul style="list-style-type: none"> • What's legal? • Audits • How to mix with other funds 	<p>Staffing requirement/ratio</p> <p>Hiring practices:</p> <ul style="list-style-type: none"> • Criminal background requirements • Use of volunteers/ interns • EEO requirements • General requirements • Other issues • Job descriptions • Federal/state requirements <p>Employee performance evaluations</p> <p>Personnel policy manual</p> <p>Admin/staff training requirements</p> <ul style="list-style-type: none"> • First Aid • CPR • Water safety • OSHA • Illness/injury and violence prevention plan • Duties/responsibility of staff • Employer responsibility/ requirements • Staffing patterns 	<p>Identifying characteristics and special needs of client population</p> <p>Family involvement/ participation and dynamics</p> <p>Bereavement/stress issues</p> <p>Activities</p> <p>Education:</p> <ul style="list-style-type: none"> • General requirements • Understanding of special education • Administrator responsibilities • Assessment • Educational choices 	<p>Responsibility & expectations of referral agencies</p> <p>Overview of courts, welfare, probation, mental health</p> <p>Mental health managed care</p> <p>Parental relationships:</p> <ul style="list-style-type: none"> • Extended family • Siblings • Caregiver <p>Collaboration/role with:</p> <ul style="list-style-type: none"> • Police • Fire Dept. • Sheriff • Emergency medical response teams • Business sector <p>Other resources</p>	<p>OSHA requirements</p> <p>Illness/injury plan</p> <p>Disaster plan</p> <p>Food</p> <p>Managed Care</p> <p>Recreation</p> <p>Community integration</p> <p>CCL physical plant requirements</p>	<p>Administration of medication</p> <ul style="list-style-type: none"> • Technical aspects <p>Regulatory requirements:</p> <ul style="list-style-type: none"> • Storage • Documentation • Disposal <p>Role of medications in treatment plan, including typical interactions & staff's role</p> <p>Communication with pharmacists, MDs</p> <p>Drug interaction/ pharmacodynamics</p> <p>Common medications:</p> <ul style="list-style-type: none"> • Infection control • Seizure disorder • Psychotropic <p>Medi-Cal</p> <p>Medical/dental funding</p>	<p>Program Statement</p> <p>Allowable vs. prohibited conditions/ IMS</p> <p>Needs and services plan:</p> <ul style="list-style-type: none"> • Development • Review <p>Charting and documentation</p> <p>Admission agreements</p> <p>Termination</p> <p>Graduation</p> <p>Emancipation: Independent living</p> <p>Transition housing</p> <p>Discharge/after care</p> <p>Client satisfaction</p> <p>Program outcome</p> <p>Age exceptions</p>	<p>Special incident reporting</p> <p>5150</p> <p>Overview of behavior:</p> <ul style="list-style-type: none"> • Management systems • Modifications <p>Emergency intervention regulations</p> <p>Other resources</p>

DEPARTMENT OF SOCIAL SERVICES

744 P Street, MS 19-47, Sacramento, CA 95814



Date

**RETURN THIS LETTER
WITH YOUR RESUBMISSION**Vendor
Address
City, CA Zip

SUBJECT: DISAPPROVED COURSE APPROVAL

The Community Care Licensing Division, Administrator Certification Section, has received your Request for Continuing Education Course Approval. After a thorough review of your request, your course entitled, "___" has been disapproved for the following reason(s):

- ☐ The course content is not relevant to the training needs of:
- ☐ ARF administrators
 - ☐ RCFE administrators
 - ☐ GH administrators
- ☐ The course does not fit the core of knowledge requirements for:
- ☐ ARF administrators
 - ☐ RCFE administrators
 - ☐ GH administrators
- ☐ The instructor(s) do not meet the qualifications outlined in:
- ☐ ARF Regulations, Section 85091(h)(2)
 - ☐ RCFE Regulations, Section 87731(h)(2)
 - ☐ GH Regulations, Section 84091(h)(2)
- ☐ Other:

If you have any questions, please call _____ at (916) _____.

Sincerely,

DEE BUCK, Manager
Administrator Certification Section

Enclosure(s)

DEPARTMENT OF SOCIAL SERVICES

744 P Street, M.S. 19-47, Sacramento, CA 95814



Date

**RETURN THIS LETTER
WITH YOUR RESUBMISSION**

Name

Address

City, CA Zip

SUBJECT: INCOMPLETE COURSE APPROVAL REQUEST

Enclosed is your Request for Continuing Education Course Approval entitled “ .” The request was returned because the material you submitted was not adequate to evaluate your coursework. The following additional information is needed:

- ☐ Instructor's résumé
- ☐ Hour-by-hour schedule of activities
- ☐ Detailed description of course content
- ☐ Authorized signature on application
- ☐ Number of CEU hours requested
- ☐ Correct application form. Please use the enclosed Department issued application form. Do not alter this format, use attachment if necessary.
- ☐ Vendor number
- ☐ Other:.

You may resubmit your request with the additional information stated above. If you have any questions, please call me at (916) .

Sincerely,

Name, Program Analyst
Administrator Certification Section

Enclosure(s)

COURSE OUTLINE SAMPLE

Aging and Elder Abuse

I. Instructors:

- A. Mary Smith, MSN, RN, CS, Psychiatric Liaison
- B. John Doe, L.C.S.W., Clinical Social Worker (Please see enclosed resumes.)

II. Course Description:

This six-hour course meets requirements toward the 40-hour recertification program required for board and care operators. Presenters will discuss the normal psychodynamic aspects of aging, including particular issues relevant to the board and care resident's social environment. In discussing cognitive impairment, they will focus on the confused older adult with concomitant mental illness and appropriate intervention to maintain a safe board and care environment. The second part of the course will focus on definitions of elder abuse, how to recognize warning signs of elder abuse, and reporting laws.

III. Course Objectives:

- By the end of the course, participants will be able to:
- Identify normative changes, which are part of the middle and older adult's aging process.
- Describe how the aging process may alter the mentally ill resident's psychosocial presentation.
- List behaviors that would indicate that a resident is experiencing delirium or dementia.
- Describe at least 3 environmental and 3 interpersonal interventions to ensure safety and reduce problem behaviors for these residents with cognitive impairment.
- Describe what elder abuse is
- Identify warning signs for each type of abuse.
- Describe some characteristics of both abusers and victims.
- State reporting laws and procedures.

IV. Teaching Methods:

Teaching methods include didactic presentation with the use of overheads and slides as visual aids, and a video tape as well as group discussion. There will be several question and answer periods involving case examples. Handouts will be given to participants for their use in class as well as afterwards.

COURSE OUTLINE SAMPLE

V. Course Content:

(Opening Activities 8:00 to 8:15 a.m.)

- A. Introduction of Program (Presenters)
1. Introduction of Continuing Education Program
 2. Introduction of presenters

- B. Course Overview
- (Part I 8:15 to 10:00 a.m.)

- C. Middle and Older Adult Years (Mary Smith)
1. Normal phase of life issues
 2. Normal cognitive changes
 3. Coping mechanisms

(Part II 10:00 to 10:30 a.m.)

- D. Aging and Mental Illness: Related Behaviors (Mary Smith)
1. The paranoia continues
 2. Pseudo Hallucinations

- E. The Resident who is Cognitively Impaired (Mary Smith)
1. Delirium vs. Dementia
 2. Mood and personality changes
 3. Loss of executive functions
 4. Behavioral responses related to impairments
 5. Excerpts for Driving Miss Daisy and discussion
 6. Interventions
 - a. Environment – Reordering the residents physical space
 - b. Interpersonal – Sequencing steps, shaping behaviors and providing constancy in social contacts

BREAK 10:30 to 10:45

(Part III- 10:45 to 12:45)

- A. DEFINITIONS OF ELDER ABUSE (John Doe)
1. Elder and dependent adult as defined by W&I Code
 2. Types of abuse
 - A. Physical abuse
 - B. Emotional or Psychological abuse
 - C. Neglect
 - D. Abandonment

COURSE OUTLINE SAMPLE

- E. Financial or Material exploitation
- F. Self neglect

B. EXTENT OF THE PROBLEM

(John Doe)

1. Description of the 1996 National Elder Abuse Incidence Study (NEAIS)
 - A. Overview of results
 - B. Reported vs. non-reported rates of abuse
 - C. Frequency for each type of abuse
 - D. Characteristics of Victims
 - E. Characteristics of Abusers
 - F. Why does elder abuse occur?
 - G. Unanswered questions and future research

BREAK 12:45 to 1:00 p.m.

(Part IV- 1:00 to 1:30 p.m.)

C. WARNING SIGNS OF ABUSE

(John Doe)

1. Signs of Physical abuse
2. Signs of Neglect
3. Signs of Fiscal abuse
4. Signs of Abandonment
5. Signs of Sexual abuse
6. Signs of Self-neglect

D REPORTING LAWS

(John Doe)

1. W&I 5654
2. Mandated reporters
3. Reporting procedures
4. Local resources, i.e. AAA, FAST team, APS

E. CASE EXAMPLES AND DISCUSSION

(John Doe)

(PART V 1:30 TO 2:00 p.m.)

F. SUMMATION WITH QUESTION AND ANSWER PERIOD (Presenters)

G. POST-TEST AND EVALUATION

(Presenters)

COURSE OUTLINE SAMPLE

VI. Method of Course Evaluation by Participants:

At the end of the course, participants will have the opportunity to evaluate the course as a whole, as well as the individual instructors. Please see the enclosed evaluation sheet.

VII. Method of Evaluating Participants:

Participants learning will be assessed through the use of a pre- and post-test. The quiz will be distributed at registration and participants will be asked to complete it prior to the start of the course sessions. Following the didactic course presentations, participants will be asked to complete the post-test. A discussion will then be held regarding participants' responses. Please see the enclosed assessment form.

VIII. Records Maintained:

1. Copies of course outlines
2. Course handouts
3. Copies of course overheads
4. Course sign-in sheets
5. Course evaluations and pre-and –post tests
6. Advertisements for course
7. Course approvals

IX. Location Area of Course:

General Hospital, San Francisco, CA